

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90264 001 ***150.00
04-17-2002 90264 002 *****8.75

DOCUMENT # P980000086708

1. Entity Name

NORTH SOUTH SEAFOOD 1998 INC ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11246 NW 46 DR

Suite, Apt. #, etc.

3. Mailing Address

11246 NW 46 DR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CORAL-SPRINGS FL

Zip

33076

Country

US

City & State

CORAL-SPRINGS FL

Zip

33076

Country

US

4. FEI Number

65-0769082

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

THIERRY SMITS

Street Address (P.O. Box Number is Not Acceptable)

11246 NW 46 DR

City

CORAL-SPRINGS

FL

Zip Code

33076

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

THIERRY A SMITS

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4.4.02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
Late Charge Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<u>PRESIDENT</u>
NAME	<u>THIERRY SMITS</u>
STREET ADDRESS	<u>11246 NW 46 DR</u>
CITY- ST- ZIP	<u>CORAL-SPRINGS FL 33076</u>
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

THIERRY A SMITS

Signature and typed or printed name of signing officer or director

4.4.02

Date

9547539158

Wayname File #

CR2E034B (12/01)